

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561,777

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1/2				
4		2/2				
5		1/2				
6		2/2				
7		1/2				
8		2/2				
9		1/2				
10	1					
11		1				
12		1 ⊕				
13		⊕ 1				
14		1 ⊕				
15		⊕ 1				
16		1 ⊕				
17		⊕ 1				
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TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	18	←		←		←
TOTAL CLAIMS	20	⊗		⊗		⊗

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		⊗		⊗		⊗

DESIGN AVAILABLE COPY